



Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Abilities LLC	Region(s):	3
Agency Type:	ResHab	Survey Dates:	10/11/2016 to 10/12/2016
Certificate(s):	RHA-5367	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input checked="" type="checkbox"/> 1 - Year Full <input type="checkbox"/> 3 - Year Full

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
16.04.17.203. 203.STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING. Training must include orientation and ongoing training at a minimum as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Training is to be a part of the orientation training and is required initially prior to accepting participants. All required training must be completed within six (6) months of employment with a residential habilitation agency and documented in the employee residential habilitation provider record. The agency must ensure	Based on the review of agency records, it was determined that 5 out of the 6 staff records reviewed did not meet the minimum requirements under IDAPA 16.03.10, Section 705.01.b. For example: Agency documentation of staff 1,2,3,5, and 6 did not identify skills training by a Qualified Intellectual Disabilities Professional (QIDP).	1. What corrective action(s) will be taken? Administrator has updated the New Employee Orientation Training Log (see attached) to include a signature line for the QIDP. All new hires will receive training from QIDP prior to beginning work and evidence of this training will be signed and dated by the staff and the QIDP. 2. How will the agency identify participants who may be affected by the deficiency? If participants are identified, what corrective action will be taken? No specific participants were affected by this deficiency as their staff actually were trained by the Agency QIDP. There	12/1/2016



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that all employees and contractors receive orientation training in the following areas: (3-29-12)		just was not a signature line on the training form to indicate such. This has been corrected. 3. Who will be responsible for implementing each corrective action? QIDP and this will be monitored by agency Administrator. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Agency Administrator and assigned Quality Assurance staff under Administrator direction shall review each personnel file for initial completion and will make an annual review. Personnel File Quality Assurance Form has been updated. (see attached.)	
16.04.17.203.01. 203.STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING. Training must include orientation and ongoing training at a minimum as required under IDAPA 16.03.10,	Based on the review of agency records, 2 out of 6 records did not ensure orientation training had occurred. For example: Unable to verify that training was	1. What corrective action(s) will be taken? Administrator has updated the New Employee Orientation Training Log (see attached) to include a signature line for the QIDP. All new hires will receive training from QIDP prior to beginning	12/1/2016



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<p>"Medicaid Enhanced Plan Benefits," Sections 700 through 706. Training is to be a part of the orientation training and is required initially prior to accepting participants. All required training must be completed within six (6) months of employment with a residential habilitation agency and documented in the employee residential habilitation provider record. The agency must ensure that all employees and contractors receive orientation training in the following areas: 01. Rights. Personal, civil, and human rights. (7-1-95)</p>	<p>administered for staff 3 and 5.</p>	<p>work and evidence of this training will be signed and dated by the staff and the QIDP. 2. How will the agency identify participants who may be affected by the deficiency? If participants are identified, what corrective action will be taken? No specific participants were affected by this deficiency as their staff actually were trained by the Agency QIDP. There just was not a signature line on the training form to indicate such. This has been corrected. 3. Who will be responsible for implementing each corrective action? QIDP and this will be monitored by agency Administrator. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Agency Administrator and assigned Quality Assurance staff under Administrator direction shall review each personnel file</p>	



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		for initial completion and will make an annual review. Personnel File Quality Assurance Form has been updated. (see attached.)	
<p>16.04.17.203.02. 203.STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING. Training must include orientation and ongoing training at a minimum as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Training is to be a part of the orientation training and is required initially prior to accepting participants. All required training must be completed within six (6) months of employment with a residential habilitation agency and documented in the employee residential habilitation provider record. The agency must ensure that all employees and contractors receive orientation training in the following areas:</p>	<p>Based on the review of agency records, 2 out of 6 records did not ensure orientation training had occurred.</p> <p>For example: Unable to verify that training was administered for staff 3 and 5.</p>	<p>1. What corrective action(s) will be taken? Administrator has updated the New Employee Orientation Training Log (see attached) to include a signature line for the QIDP. All new hires will receive training from QIDP prior to beginning work and evidence of this training will be signed and dated by the staff and the QIDP.</p> <p>2. How will the agency identify participants who may be affected by the deficiency? If participants are identified, what corrective action will be taken? No specific participants were affected by this deficiency as their staff actually were trained by the Agency QIDP. There just was not a signature line on the training form to indicate such. This has been corrected.</p>	<p>12/1/2016</p>



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02. Disabilities. Developmental disabilities commensurate with the skills of participants served. (3-20-04)		<p>3. Who will be responsible for implementing each corrective action? QIDP and this will be monitored by agency Administrator.</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Agency Administrator and assigned Quality Assurance staff under Administrator direction shall review each personnel file for initial completion and will make an annual review. Personnel File Quality Assurance Form has been updated. (see attached.)</p>	
<p>16.04.17.203.03.</p> <p>203.STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING.</p> <p>Training must include orientation and ongoing training at a minimum as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Training is to be a part of the orientation training and</p>	<p>Based on the review of agency records, 2 out of 6 records did not ensure orientation training had occurred.</p> <p>For example: Unable to verify that training was administered for staff 3 and 5.</p>	<p>1. What corrective action(s) will be taken? Administrator has updated the New Employee Orientation Training Log (see attached) to include a signature line for the QIDP. All new hires will receive training from QIDP prior to beginning work and evidence of this training will be signed and dated by the staff and the QIDP.</p>	12/1/2016



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<p>is required initially prior to accepting participants. All required training must be completed within six (6) months of employment with a residential habilitation agency and documented in the employee residential habilitation provider record. The agency must ensure that all employees and contractors receive orientation training in the following areas:</p> <p>03. Understanding of Participants' Needs. A basic understanding of the needs, desires, goals and objectives of participants served. (3-20-04)</p>		<p>2. How will the agency identify participants who may be affected by the deficiency? If participants are identified, what corrective action will be taken? No specific participants were affected by this deficiency as their staff actually were trained by the Agency QIDP. There just was not a signature line on the training form to indicate such. This has been corrected.</p> <p>3. Who will be responsible for implementing each corrective action? QIDP and this will be monitored by agency Administrator.</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Agency Administrator and assigned Quality Assurance staff under Administrator direction shall review each personnel file for initial completion and will make an annual review. Personnel File Quality Assurance Form has been updated. (see</p>	



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		attached.)	
<p>16.04.17.203.04. 203.STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING. Training must include orientation and ongoing training at a minimum as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Training is to be a part of the orientation training and is required initially prior to accepting participants. All required training must be completed within six (6) months of employment with a residential habilitation agency and documented in the employee residential habilitation provider record. The agency must ensure that all employees and contractors receive orientation training in the following areas: 04. Supervision. Appropriate methods of supervision. (7-1-95)</p>	<p>Based on the review of agency records, 2 out of 6 records did not ensure orientation training had occurred.</p> <p>For example: Unable to verify that training was administered for staff 3 and 5.</p>	<p>1. What corrective action(s) will be taken? Administrator has updated the New Employee Orientation Training Log (see attached) to include a signature line for the QIDP. All new hires will receive training from QIDP prior to beginning work and evidence of this training will be signed and dated by the staff and the QIDP.</p> <p>2. How will the agency identify participants who may be affected by the deficiency? If participants are identified, what corrective action will be taken? No specific participants were affected by this deficiency as their staff actually were trained by the Agency QIDP. There just was not a signature line on the training form to indicate such. This has been corrected.</p> <p>3. Who will be responsible for implementing each corrective action? QIDP and this will be monitored by</p>	12/2/2016



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		<p>agency Administrator.</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Agency Administrator and assigned Quality Assurance staff under Administrator direction shall review each personnel file for initial completion and will make an annual review. Personnel File Quality Assurance Form has been updated. (see attached.)</p>	
<p>16.04.17.203.05. 203.STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING. Training must include orientation and ongoing training at a minimum as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Training is to be a part of the orientation training and is required initially prior to accepting participants. All required training must be completed within six (6) months of</p>	<p>Based on the review of agency records, 2 out of 6 records did not ensure orientation training had occurred.</p> <p>For example: Unable to verify that training was administered for staff 3 and 5.</p>	<p>1. What corrective action(s) will be taken? Administrator has updated the New Employee Orientation Training Log (see attached) to include a signature line for the QIDP. All new hires will receive training from QIDP prior to beginning work and evidence of this training will be signed and dated by the staff and the QIDP.</p> <p>2. How will the agency identify participants who may be affected by the deficiency? If participants are identified,</p>	<p>12/1/2016</p>



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<p>employment with a residential habilitation agency and documented in the employee residential habilitation provider record. The agency must ensure that all employees and contractors receive orientation training in the following areas:</p> <p>05. Review of Services. A review of the specific services that the participant requires. (3-20-04)</p>		<p>what corrective action will be taken? No specific participants were affected by this deficiency as their staff actually were trained by the Agency QIDP. There just was not a signature line on the training form to indicate such. This has been corrected.</p> <p>3. Who will be responsible for implementing each corrective action? QIDP and this will be monitored by agency Administrator.</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Agency Administrator and assigned Quality Assurance staff under Administrator direction shall review each personnel file for initial completion and will make an annual review. Personnel File Quality Assurance Form has been updated. (see attached.)</p>	
<p>16.04.17.301.03.j 301. PERSONNEL.</p>	<p>Based on a review of agency records, it was determined that 1 out of 4 records</p>	<p>1. What corrective action(s) will be taken? Abilities, LLC has updated their</p>	<p>11/7/2016</p>



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03. Personnel Records. A record for each employee must be maintained from date of hire for not less than one (1) year after the employee is no longer employed by the agency, and must include at least the following: j. Verification of satisfactory completion of criminal history checks in accordance with IDAPA 16.05.06, "Criminal History and Background Checks"; and (3-20-04)	did not meet the regulations of IDAPA 16.05.06.300.02.c.i, "Criminal History and Background Checks". For example: The agency did not meet the required time frame for initiating the Idaho State Police review for Staff 3.	policy on obtaining Criminal History and Background Checks (see attached) to include sending for an Idaho State Police review of all background checks completed as transfers from another agency. 2. How will the agency identify participants who may be affected by the deficiency (s)? If participants are identified, what corrective action will be taken? No specific participants are directly affected by this deficiency as their staff had actually all successfully completed a criminal history and Background check through the chu. The agency needed to add a step to the policy and procedure that included the Idaho State Police review when a staff was using a previous background check from another agency. This indirectly affects all participants across the board. This step has already been added and will continue to be implemented going	



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		<p>forward. As of today's date, all staff affected have received their Idaho State Police Review.</p> <p>3. Who will be responsible for implementing each corrective action? Administrator, Program Manager</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Agency Administrator and assigned Quality Assurance staff under Administrator direction shall review each personnel file for initial completion and will make an annual review. Personnel File Quality Assurance Form has been updated. (see attached.)</p>	
<p>16.04.17.400.01. 400.PARTICIPANT RECORDS. 01. Participant Records. Each agency must have and maintain a written policy outlining the required content of participant records, criteria for completeness, and methodology to be</p>	<p>Based on review of participant records, the agency has not ensured current and accurate records in 4 out of 4 participant files.</p> <p>For example: In Participant records 1, 2, 3, and 4 direct</p>	<p>1. What corrective action (s) will be taken? The initial DHW agency survey uncovered that not all agency forms are being completely filled out by agency staff. Agency has determined that forms need to be gathered and reviewed on a more frequent basis to catch these</p>	12/1/2016



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<p>used to ensure current and accurate records. An individual record must be maintained for each participant and retained for a period of three (3) years following the participant's termination of services. All entries made into a participant record must be dated and signed in ink. (3-20-04)</p>	<p>service staff are not recording data as instructed on the program implementation plans.</p> <p>Participant 3's medication log has not been updated to the prescribed medication list on the participant's recent medical record.</p> <p>Participant 3's September medication log was missing two, 3-day blocks of documentation that medication had been provided to the participant.</p> <p>Participant 4's medication log was missing the name of one of the medications. This was corrected at survey.</p>	<p>mistakes before they are filed into the permanent record. As such, Program Manager and/or Quality Assurance staff plans to gather all participant data on a weekly basis for the next six months and provide on-site training to staff on form completion at that time. After six months of on-site training, agency will transition to a monthly gathering and review of participant data and will then schedule specific staff training as problems are noted.</p> <p>2. How will the agency identify participants who may be affected by the deficiency? If participants are identified, what corrective action will be taken? All participants are affected by this and all files shall be reviewed for completion with an Annual Quality Assurance Review.</p> <p>3. Who will be responsible for implementing each corrective action? Administrator, Program Manager, QIDP</p>	



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		4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? QIDP will review and sign off on all data collected before filed into permanent participant record. An Annual Quality Assurance Review shall be completed by Administrator and Quality Assurance staff of each participant file 1x/year	

Agency Representative & Title: Kim Smelcer, LSW; Administrator <small>* By entering my name and title, I agree to implement this plan of correction as stated above.</small>	Date Submitted: 11/7/2016
Department Representative & Title: Sandi Frelly, Medical Program Specialist <small>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</small>	Date Approved: 11/21/2016